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HARLOW URBAN
DISTRICT COUNCIL



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1959

INCORPORATING THE REPORT OF THE

CHIEF PUBLIC HEALTH INSPECTOR

H A R L O W U R B A N D I S T R I C T C O U N C I L

A N N U A L R E P O R T

of the

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I N D E X

	<u>Pages</u>
Public Health Committee.....	1
Public Health Department Staff.....	2 - 3
Preface.....	4 - 5
 <u>SECTION 'A' - TEXT</u>	
Administration and Personnel.....	7
Comments on Vital Statistics.....	7 - 8
" " Causes of Death.....	9
" " Communicable Diseases.....	9 - 11
Problem Families.....	11
Care of Old People.....	11 - 12
Medical Examination of Council Staff.....	12
Health Education.....	12
New Legislation.....	13 - 14
The Health Services Administered by the Essex County Council.....	14 - 15
General Provision of Medical Services.....	16 - 17
Sanitary Circumstances and Inspections.....	17 - 22
 <u>SECTION 'B' - STATISTICS</u>	
General Data.....	24
Population.....	24
Births.....	25
Deaths.....	26 - 27
Causes of Death.....	28 - 29
Communicable Diseases (except tuberculosis).....	30
Communicable Diseases - Tuberculosis.....	31
County Council Health Services.....	32 - 33
Sickness Benefit Claims.....	33
Sanitary Circumstances and Inspections:-	
Water.....	34
Sewerage.....	34
Housing.....	35
Food.....	36 - 38
Rodent Control.....	39
Factories.....	39 - 40
Summary of other work.....	41

P U B L I C H E A L T H C O M M I T T E E

as at

31st December, 1959.

Chairman: Councillor W. JARVIS

Vice-Chairman: " MRS. E. DRUCE

Members

Cllr. MRS. S. ANDERSON	Cllr. A. F. SMITHERS
" L. J. ATKINS	" R. J. WARD

Ex-Officio Members: Cllr. E. W. BUCKLE
Chairman of the Council

Cllr. C. T. MASTERS
Vice-Chairman of the Council

P U B L I C H E A L T H S T A F F

MEDICAL OFFICER OF HEALTH

I. ASH, M.D., D.P.H.

DEPUTY MEDICAL OFFICER OF HEALTH
(Part-time)

A. W. FORREST, M.A., M.D., D.P.H. to 31.10.59.
A. POWELL, M.C., M.B., D.P.H. from 1.11.59.

Office:- 209, High Street, Epping, Essex.
Telephone EPPING 2294

Secretary:- MRS. V. LEMON

Chief Public Health Inspector

H. J. HEELEY, M.A.P.H.I.,
F.R.S.H., M.R.I.P.H.H.
Certificate of Sanitary
Inspectors' Examination
Board.
Royal Sanitary Institute
(Meat and Other Foods)
Certificate.
Diploma in Practical
Sanitary Science, London.

Senior Additional Public
Health Inspector

S.A. EADE, M.A.P.H.I.
Certificate of the Royal
Sanitary Institute and
Sanitary Inspectors'
Joint Examination Board.
Royal Sanitary Institute
(Meat and Other Foods)
Certificate.
Certificate in Sanitary
Science, Royal Sanitary
Institute.
Diploma in Hygiene, Royal
Institute of Public Health
and Hygiene.
Diploma of the Royal
Society of Health for
Smoke Inspectors.

Additional Public Health
Inspector

H.C. REEVE, M.A.P.H.I.,
A.R.S.H. (commenced 21st
January, 1959)
Certificate of the Royal
Sanitary Institute and
Sanitary Inspectors' Joint
Examination Board.
Royal Sanitary Institute
(Meat and Other Foods)
Certificate.
Certificate in Sanitary
Science, Royal Sanitary
Institute.

Chief Clerk

MISS A. E. A. ROTHWELL.

Clerk

MISS R. L. BOSANQUET.

Junior Clerk

MISS D. M. de L. WORMELL
(4.5.59 to 25.11.59).

To the Chairman and Members of the
Harlow Urban District Council.

LADIES and GENTLEMEN,

In accordance with paragraph 15(5) of the Public Health Officers Regulations, 1959, and the Ministry of Health's Circular 1/60 dated 8th January, 1960, I have pleasure in submitting to you my Annual Report for the year 1959. Publication has been delayed because of the reorganisation of my department made necessary by the winding up of the Medical Services (Administration) Joint Committee and because of the retirement of your Chief Public Health Inspector - both in June, 1960.

For administrative reasons this report had to be divorced from those for the Epping Urban and Epping & Ongar Rural Districts, although the Joint Committee was still in existence during the period reviewed. A separate report for Harlow has definite advantages because it deals with matters concerning only this district and thus makes reading easier. On the other hand, however, it does not afford the opportunity of making comparisons with conditions in the surrounding area.

This year the Annual Report is printed by the "Duplimat" method and I hope you will find its appearance improved.

Turning now to the contents of the report, you will see that the statistics indicate that Harlow enjoyed a high birth rate, low mortality and absence of outbreaks of serious diseases. As usual, the birth and death rates are given as 'crude' and 'adjusted', the latter to make allowance for the way the sex and age structure of the local population differs from that of England and Wales.

The other sections of the report describe the various activities of the Council's Public Health Department aimed at preventing disease and promoting health.

Acts of Parliament invest the Medical Officer of Health with only limited powers to act independently and he must rely on the understanding and support of his Local Authority to enable him to carry out anything he may plan to undertake. It is, therefore, with great pleasure that I wish to record here my deep appreciation of the enlightened and helpful attitude of the Council towards public health and my work in particular.

I should also like to acknowledge the excellent work done by the Public Health Inspectors. It contributed greatly towards maintaining the high standard of hygiene and health in the community.

Finally, I wish to express my gratitude to all other officers of the Council and to many statutory and voluntary organizations as well as to individuals outside the local government of the town for their co-operation and help.

I am,
Ladies and Gentlemen,
Your obedient servant,

I. ASH. M.D., D.P.H.
Medical Officer of Health.

Netteswell Hall,
Harlow, Essex.

October, 1960.

S E C T I O N 'A' - T E X T

ADMINISTRATION AND PERSONNEL

The work of the Medical Officer of Health continued to expand because of the steady increase in the population of the area. This necessitated the re-allocation of 1/11th of his time from County District duties. The new arrangement came into operation on the 1st of April.

In view of the rapid growth of the town and of the problems connected with it, the Council decided that it was time for the Medical Officer of Health to have an office in Harlow. A resolution to this effect was minuted in October.

Dr. A. W. Forrest, the part-time Deputy Medical Officer of Health, resigned towards the end of the year and was replaced by Dr. A. Powell, the retired Medical Officer of Health of the Borough of Walthamstow.

Mr. S. A. Eade has successfully completed the course of the Royal Society of Health for Smoke Inspectors and has obtained the appropriate diploma.

Mr. H.C. Reeve took up his duties as Additional Public Health Inspector in January. He, too, was authorised by the Council to take the Smoke Inspectors' course which he commenced in November.

COMMENTS ON VITAL STATISTICS

Population

The mid-year resident population of the town increased by 4360 over the corresponding figure for 1958. This is the smallest annual increase since Harlow became an independent Local Authority and since separate statistics have been kept for it.

The natural increase, i.e. the excess of births over deaths, was about the same as in the previous year but there were fewer immigrants to the town.

Births

Although the total number of live births was slightly higher than that in 1958, this figure, when related to the larger population, gives an appreciably lower crude birth rate. In fact, for the first time since separate records have been kept for Harlow the crude birth rate was less than 30 per 1000 population, though it still is one of the highest in the country. However, when adjusted in order to make allowance for the sex and age structure peculiar to the local population, the birth rate does not exceed that for England and Wales.

It is gratifying to note a slight decrease in the number of illegitimate births.

Still births

The incidence of still births was somewhat higher than in 1958 but no undue importance need be attached to this. The rate per thousand live and still births, although increased, is still lower than the national figure. With the exception of one, all stillborn infants were legitimate.

Deaths

There is no appreciable difference between the general mortality rate for 1959 and that for the previous year. The average age at death was 51.5 years. This figure is somewhat low because it is affected by the relatively large number of deaths (14% of the total) which occurred at the age of under one year. A truer picture is, therefore, represented by the median age which was 63 years.

The neonatal mortality rate increased slightly. All but one of the infants who did not live beyond four weeks died in fact in the early neonatal period, i.e. during the first seven days of life, so that it must be assumed that adverse ante-natal influences were the cause of death. The perinatal mortality rate (still births and deaths under one week combined, per 1000 total live and still births) was lower than that for England and Wales.

COMMENTS ON CAUSES OF DEATH

As in the previous year, the most important single cause of death was coronary disease. This was followed closely by cancer of the lungs. However, the number of deaths due to the two diseases was not higher than in 1958 and these figures, when related to an increased population, give a lower mortality rate.

Bronchitis, as a cause of death, deserves special mention. In Harlow mortality from it was not as high as in some other parts of the country. Nevertheless, almost 4% of all deaths were caused by this "English Disease". Compared with other European countries this figure is about 50% higher than the highest one on the Continent.

COMMENTS ON COMMUNICABLE DISEASES

There were no outbreaks of serious infectious diseases but a sharp epidemic of mild influenza swept through the town in February and March. During the third week of February the local office of the Ministry of Pensions and National Insurance received 509 new claims for sickness benefits. This was the highest weekly figure on record and exceeded by over 25% the previous peak due to the 'Asian' influenza epidemic in October, 1957.

Compared with 1958, four times as many cases of whooping cough and five times the number of cases of measles were notified. Generally speaking the incidence of infectious diseases normally occurring in infancy and childhood was much higher in Harlow than in England and Wales as a whole. This is quite understandable since the proportion of children in the population of the town is so great.

There were many more cases of dysentery, a mild but troublesome disease, than in the previous year, but two other intestinal infections, food poisoning and infective hepatitis, were less prevalent.

Only one case of paralytic and one of non-paralytic poliomyelitis were notified.

All necessary measures were taken to prevent or limit the spread of infectious diseases. Many children were excluded from school and eight food handlers, who were either suffering from infectious diseases or were carriers of germs likely to cause food poisoning, were required to stay away from work until bacteriologically proved to be free from infection. In cases where this had entailed loss of earnings the Council paid compensation.

Tuberculosis

At the end of the year the tuberculosis register contained 78 more names than on the 1st day of January. Only a small proportion of these were new cases, the majority being old and known ones who had transferred to Harlow from other areas. Although the numbers on the tuberculosis register increase year by year, this must not be taken as an indication of a higher incidence of the disease. Tuberculosis is a chronic condition liable to relapse, and once a patient is diagnosed and given treatment he remains under observation and on the register for several years, even after the apparent arrest of the disease.

Mortality from tuberculosis shows a steady and welcome decline in the whole country, and in Harlow there was not a single death from this disease.

The incidence per 1000 population of all forms of tuberculosis was very much lower than that for England and Wales. The number of persons in whom the disease was newly diagnosed was only half that of the previous year. This can possibly be explained by the fact that in 1958 ten cases of active pulmonary tuberculosis were found as a result of the mass X-ray survey and that if not for this, discovery and notification of these cases would have probably been spread over a period longer than one year.

Tuberculosis case finding amongst school entrants continued with tuberculin testing by the Heaf method. Although this is a purely voluntary scheme the response of the parents was generally good and the percentage of children tested in Harlow was the second highest in the Forest Educational Division. On the other hand, however, the acceptance of B.C.G. vaccination which continued

to be offered to pupils who had reached the age of 13 years, was again rather disappointing and was the lowest in the Forest Division. All those who gave a positive reaction to tuberculin, whether they were school entrants or children of 13 years and over, were referred for investigation to the Chest Clinic. In no case was active tubercular disease found.

PROBLEM FAMILIES

Regular meetings of the Committee for the Co-ordination of Prevention of Break-up of Families continued throughout the year. Nine new cases were reported to this committee and four old ones were brought forward from the previous year.

By the end of 1959 eight of the families had improved so much that their cases could be closed, two families had left the district and three remained under supervision.

CARE OF OLD PEOPLE

Although Harlow has one of the youngest populations of any town in England and Wales and has, therefore, relatively few old people, a small number of them nevertheless present some problems. During the year, fourteen persons, twelve women and two men, were found to be in need of care and attention. Five of these were voluntarily removed to old people's homes and three entered hospital. Two old ladies were transferred to accommodation more suitable for their age and physical condition and other help was given in two further cases.

One old man and one woman were found to be living in indescribably filthy conditions. With the help of the Engineer & Surveyor's Department a large quantity of household refuse of all kinds was removed from their premises and Home Helps were provided to keep their dwellings clean. Despite the appalling conditions in which these two people had lived, constant supervision and help achieved a very great improvement and avoided the need for their removal to an institution.

The Harlow and District Old People's Welfare Association kept up the good work of giving comfort and help to a number of old age pensioners, particularly to those living alone. The Harlow Urban District Council again made a grant to this association to cover half of the cost of each meal supplied by them to old people. The grant also enabled free chiropody treatment to be given to those who could not afford to pay even the moderate fees normally charged.

MEDICAL EXAMINATION OF COUNCIL STAFF

Eighty-four applicants for employment were medically examined in order to determine their suitability for admission to the Council's Superannuation and/or Sick Pay Schemes. This represents an increase of almost 60% over the previous year. Sixty-two persons were in good health and suitable for any employment. Sixteen were found to be reasonably fit but reservations were made as to certain types of work. Three were unfit and three others, who were registered disabled persons, were found to be fit except for disabilities for which they were known to be registered.

HEALTH EDUCATION

The object of health education is to show the people the way to a clean and healthy life and to give them information about the statutory and voluntary medical and social services available to them.

During the year, formal lectures on suitable subjects were given to various organisations, posters were displayed and appropriate literature was distributed. In addition, much useful work was done by contact with individuals, particularly with parents at schools, with callers at the Health Department and in the course of sanitary inspections. Education in the prevention of accidents became the primary task of a newly formed sub-committee of the Public Health Committee. This sub-committee came into existence towards the end of the year and one of its first resolutions was to participate in an accident prevention exhibition in the spring of 1960.

NEW LEGISLATION

The following new legislation having a bearing on public health was enacted during the year under review:-

Acts

Mental Health Act, 1959
House Purchase & Housing Act, 1959
National Assistance (Amending Act), 1959
Factories Act, 1959
Family Allowances and National Insurance Act, 1959

Regulations and Orders

Condensed Milk Regulations
Fluorine in Food Regulations
Food Standards (Ice-Cream) Regulations
Milk & Dairies (General) Regulations
Smoke Control Areas (Exempted Fireplaces) Order

In addition, the following Byelaws made by the Council were confirmed:-

Hackney Carriage Byelaws
Keeping of Animals Byelaws

Of all this legislation the Mental Health Act is of the greatest importance. When it comes into full operation it will rank amongst the most enlightened Acts of our time. It embodies almost all the recommendations made in 1957 by the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency, and is meant to repeal the Lunacy and Mental Treatment Acts 1890 to 1930 and the Mental Deficiency Acts 1930 to 1938. Broadly speaking, it humanizes mental treatment and aims at removing the social stigma attached to mental illness. The Act provides that as many patients as possible should be treated voluntarily and without any special formalities, and it also places on the Local Health Authorities the duty of making arrangements for the care and aftercare within the framework of the community of suitable cases of mental illness and mental deficiency.

The House Purchase and Housing Act is another step towards making it easier for the ordinary man in the street to live in his own house by enabling Local Authorities to make house purchase loans of up to 100% of the value of the property. It also introduces standard improvement grants with a view to further encouraging the improvement and conversion of sub-standard houses.

THE HEALTH SERVICES ADMINISTERED

BY THE ESSEX COUNTY COUNCIL

As in previous years, only a brief outline is given here of the health services administered by the Essex County Council through the Area and Divisional Medical Officer, Dr. F. G. Brown, who has kindly supplied the necessary information for this chapter.

A new clinic, which is part of the Keats House Medical Centre at Bush Fair, came into operation in January. Like the other clinics in the town it has proved to be a great asset to the community.

The variation of the scheme for the medical inspection of school children, whereby the intermediate routine inspections are replaced by consultative examinations, appears to have been successful. This new arrangement does not save any time but special cases brought to the notice of School Medical Officers either by parents, teachers or Health Visitors, can receive more adequate attention. When this scheme was started in 1958 it had received provisional ministerial approval for a period of one year. This has now been extended indefinitely.

Another new project begun late in 1958 was the establishment at Chadwick House of a special clinic for the treatment of bed wetters. During 1959 several controlled clinical trials were conducted with the object of finding the most effective therapy for this condition.

These trials in many cases prolonged the duration of treatment and at the end of the year there was quite a long waiting list of patients. Generally speaking, results were very encouraging and included a considerable proportion of complete cures. The trials will have to go on for some time until there is a sufficiently large number

of cases to allow an objective assessment of the various methods of treatment.

The Child Guidance Clinic continued to render very useful service. A large number of cases were referred to this clinic especially by General Practitioners and School Medical Officers. Consequently, the number of sessions worked by the Consultant Psychiatrist had to be increased by 50%.

Speech therapy was also much in demand and this necessitated the employment of a second Speech Therapist. By the end of the year fifteen sessions were held weekly in four of the clinics.

There is still not a single School Dentist in the town despite the fact that the post has been advertised several times.

At the school clinics, children with special problems were examined and appropriate recommendations submitted to the Education Authority. Four children were sent for a period of recuperation to special holiday homes.

Maternity and child welfare work continued to be done by the General Practitioners on behalf of the County Council. They received full support from the Health Visitors and District Midwives.

Many immunizations of all kinds, especially of poliomyelitis, were carried out by the General Practitioners and in County Council clinics, and a large number of children and young people were thus protected against serious illnesses.

The Health Visitors and Domestic Help Service gave invaluable assistance to the Medical Officer of Health whenever their services were required.

GENERAL PROVISION OF MEDICAL SERVICES

Very good co-operation was maintained with all General Practitioners. When Keats House, mentioned in the previous chapter, came into full use, two independent practices were transferred there from a standard dwelling house where they had been accommodated temporarily.

Hospitals

In April the building of Stage I of the hospital proper was finally commenced and continued for a few months without attracting much attention or publicity. However, during the parliamentary election campaign in September and early October the hospital came to the fore as a political issue. This in a way obscured the undoubted medical merits of the case. Except for the year under review, the population of the town has been increasing at the rate of over five thousand per annum. Calculating the need for acute hospital beds at the minimum rate of $2\frac{1}{2}$ per thousand population, this means that the demand for such beds in Harlow increases by 12-13 every year. Although up to now the hospitals in Epping and Bishops Stortford have been able to meet this demand, it is rather doubtful whether they can continue to do so until the first beds of the Harlow hospital come into use some time in 1964 or even later.

Regarding obstetric beds, the Cranbrook Committee recommended that sufficient beds should be provided for 70% of all confinements occurring in any given area. In Harlow, during the year under review, under 50% of all confinements took place in hospital. This relatively low percentage was not necessarily due entirely to shortage of hospital beds but may have been to some extent the result of a preference of the mothers-to-be for home confinements because housing conditions in Harlow are so much better than in the average town. Nevertheless, with the high birth rate, the demand for maternity beds will continue to increase and will have to be met. In addition to beds for confinements, the Cranbrook Committee recommended that ante-natal beds at the rate of 6-7 per thousand births should be provided.

Laboratory services

Most bacteriological examinations connected with the control of infectious disease were again carried out at the Pathological Laboratory at St. Margaret's Hospital, Epping. A few examinations were done at the Public Health Laboratories at Chelmsford and Colindale.

SANITARY CIRCUMSTANCES AND INSPECTIONS

The Chief Public Health Inspector reports as follows:-

Water Supply

Water throughout the district was provided by the Herts & Essex Water Company and no complaints were received about the quality or quantity of the supply. Eighty-seven samples submitted by the company for analysis proved to be of a high bacteriological standard.

The capital works programme of the water company referred to in the 1958 Annual Report has now been completed. The new works consist of three boreholes and pumping stations at Thundridge, the extension of re-pumping facilities at Hadham and the provision of a 21" main from Harlow to the Rye Hill reservoir. During 1959 about $5\frac{3}{4}$ miles of trunk and distribution mains were laid, bringing the total length of mains in this district to 82.43 miles.

Four wells providing an independent source of water were still being used and they were regularly inspected. Two samples were taken, only one of which was reported to be satisfactory. The well from which the unsatisfactory sample came has since ceased to be used.

Bathing Facilities

There are three swimming pools in the town. One is a completely modern installation at Brays Grove County Secondary School, the other is a smaller 'learners' pool at Broadfields County Primary School, and the third is owned by an industrial firm. In the case of the first two the water is obtained from the main supply. Six samples were taken and the Bacteriologist reported that the water was suitable for bathing. The third pool, which is situated near the river, is operated on a fill

and return principle. The water is pumped from the river and ultimately discharged into it. Chlorination is by hand and there is no proper filtration system. This swimming pool is not open to the public but is used by the children from an approved school of the Middlesex County Council. It is not very satisfactory and it is hoped that when further swimming facilities become available in the district the use of this pool by children may be discontinued.

In spite of warning notices stating that the river Stort is unsuitable for bathing, children have been using Latton Pool and other parts of the river for this purpose. Towards the end of August, a particularly heavy but transient pollution of the river occurred, causing the death of some 2000 fish.

Sewerage

During the year, the Kingsmoor Road sewer was completed and it was anticipated that nine houses in that area would be connected to it in 1960.

On the outskirts of the town, as new sewers become available, the use of cesspools is being discontinued and increasing numbers of pail closets are converted to water closets.

Pail closets are unsatisfactory in every respect. They allow the spread of infection by flies and are aesthetically offensive. Their replacement by indoor water closets provides additional comfort to the occupiers of the houses concerned and is beneficial to the health of the community.

Cesspools are unsatisfactory for similar reasons. They often overflow, causing a nuisance and creating hazards to health. Although it will probably be some years before all pail closets and cesspools in isolated dwellings in the district are replaced, the problem is dwindling year by year and every effort is being made to hasten its complete solution.

Atmospheric Pollution

Measurement of atmospheric pollution at two points in the district was continued. The apparatus maintained includes a deposit gauge, a lead peroxide candle and an instrument for the daily measurement of smoke and sulphur dioxide, all situated at the Public Health Department, Netteswell Hall, and a lead peroxide candle at Purford Green County Primary School.

Generally, the results recorded compare favourably with those of towns similar in size and character, the average pollution being about one third of that experienced in central London. The readings of the instrument recording smoke concentration show the typical, steep rise during winter months notwithstanding the fact that, with few exceptions, all dwellings in the new town are fitted with approved appliances capable of burning smokeless fuel. This clearly justifies the Council's smoke abatement policy.

During the year, the Minister of Housing and Local Government approved in principle the proposal to make the neighbourhoods of Mark Hall North, Mark Hall South and Netteswell the Council's first smoke control area. The preparation of the many details necessary for making the order was begun.

Eight complaints of annoyance from smoke were investigated involving twenty-three inspections. In every case abatement of the nuisance was achieved.

Forty-six other inspections were also carried out under the provisions of the Clean Air Act and these included inspections of all the larger furnaces on the industrial estates. A number of factories have fitted smoke density alarms.

Close liaison with the Harlow Development Corporation was maintained, and proposals to install furnaces in factories and other large premises were examined at the blue print stage.

Two applications for prior approval under Section 3 of the Clean Air Act, 1956, were granted by the Council.

The height of chimneys to which Section 10 of the Clean Air Act applies is determined in accordance with the recommendations of the Beaver Report, the maximum allowable concentration of sulphur dioxide at ground level being taken as 0.2 parts per million. It is clear, however, that, judging by this standard, some of the chimneys constructed before the operation of the Act are far too low and an investigation into the effects of this is necessary.

Housing

During the year eight houses were demolished and two closed. There were no clearance areas to be dealt with, nor are any planned for the immediate future. The low standard houses remaining in the area are mainly isolated agricultural cottages and appropriate measures will be taken as the town develops and the new urban areas extend to envelope them.

Only nine applications were received by the Council for improvement grants under the Housing (Financial Provisions) Act, 1958 or the House Purchase and Housing Act, 1959. Although this number is slightly higher than that in the previous year, it represents a very small proportion of houses in the district which would benefit from improvement. It is to be hoped that as the availability of grants for such work becomes more widely known, the number of applications will rapidly increase.

A block of seven old cottages purchased by the Council has been renovated and improved by direct labour.

Movable Dwellings

The arrangement whereby the Council dispenses with the licensing of movable dwellings under the provisions of Section 269 of the Public Health Act, 1936, when the occupants of such dwellings are employed by contractors on the development of the town, was continued. However, in three cases where the occupants were not engaged on building work, licences were granted under Section 269.

Some trouble was experienced with caravans occupied by gypsies and other types of vagrants who appeared on open sites in the district. With the co-operation of the

Development Corporation and the Police they were all persuaded to leave, but not before some of the sites they had occupied became littered with rubbish which eventually the Corporation had to remove. Only vigilance and immediate action where necessary can prevent a permanent problem arising from this type of caravan in an area such as Harlow where there are open sites.

Food

In the year under review the total number of food premises in the district was two hundred and eighty-nine. They were regularly inspected and as a result sixty-seven intimation notices were served requiring compliance with the Food Hygiene Regulations.

Education of food handlers is one of the most important duties of the Public Health Inspectors. During visits to food premises by far the greatest part of their time is spent talking to managers and assistants about the need for maintaining high standards of food hygiene.

Forty-one complaints were received from the public regarding food sold by traders, and the Public Health Committee authorised legal proceedings in eleven cases. Three of these were heard at the Harlow Magistrates Court and the remaining eight were still pending at the end of the year.

Two thousand four hundred and twenty-six pounds of foodstuffs, covering a wide range of food on sale to the public, were condemned as unfit for human consumption. This figure shows a decrease on the previous year and indicates that wholesalers are now making arrangements with retailers for compensating them for unfit food without first requiring a certificate from the Public Health Department.

Ice-Cream Premises

Fifty-six premises are registered by the Council for the storage and sale of ice-cream. The majority of these sell wrapped ice-cream only. This, as well as ice-cream sold loose from premises and by itinerant retailers, was regularly sampled throughout the year and the results of bacteriological examinations were always very good.

Milk and Dairies

There are six registered dairies in the town and all of these are distributing depots. Sixty licences were issued under the Milk (Special Designation) Regulations. Thirty samples of designated milk were examined during the year and found to be satisfactory.

Rodent Control

One thousand and thirty-three visits were made by the part-time Rodent Operative. The degree of infestation by rats and mice throughout the district is relatively low because the majority of dwellings are new and the drainage system is modern and rodent proof.

Inspection of Factories

One hundred and seventy-seven inspections were carried out in factories, and a considerable proportion of these were made in connexion with the issue or amendment of certificates relating to means of escape from fire.

The general standard of sanitary conveniences and amenities in factories in the district is, of course, high because most of the factories are of recent construction and were designed to suit their particular requirements. Moreover, as there is a central planning authority for the town, all plans are submitted to the Public Health Department in order to ensure that they comply with those provisions of the Factories Act which are enforceable by the Local Authority.

S E C T I O N ' B ' - S T A T I S T I C S

(Figures in brackets refer to 1958)

General Data

Area (in acres).....	6,313	(6,313)
Number of houses (mid-year)....	13,745	(12,152)
Number of houses per acre (average).....	2.2	(1.9)
Number of persons per acre (average).....	7.2	(6.5)
Number of persons per house (average).....	3.2	(3.4)
Ratable value (mid-year).....	£714,228	(£558,820)
Product of a penny rate (financial year 1959/60).....	£2,950	(£2,300)
The rate in the pound (financial year 1959/60).....	22/2d	(20/4d)

Population

Resident population (Registrar General's mid-year estimate)...	45,250	(40,890)
Increase over the previous year.....	4,360	(5,200)
Proportion of increase due to excess of births over deaths...	1,162	(1,158)
Proportion of increase due to immigration.....	3,198	(4,042)

Births

(a) <u>Live Births</u>	M.	F.
Legitimate....	659 (665)	663 (640)
Illegitimate..	10 (17)	15 (14)
	<u> </u>	<u> </u>
Total...	<u>669 (682)</u>	<u>678 (654)</u>
Crude rate..... per 1,000 pop.	29.8 (32.7)	
Adjusted rate... " " "	19.1 (20.9)	
England & Wales. " " "	16.5 (16.4)	

(b) <u>Illegitimate Live Births</u> <u>per cent. of total live</u> <u>births</u>	1.8 (2.3)
" " England & Wales	5.1 (4.9)

(c) <u>Still Births</u>				
Legitimate....	14	(9)	6	(7)
Illegitimate..	—	(—)	1	(—)
	—	—	—	—
Total...	<u>14</u>	<u>(9)</u>	<u>7</u>	<u>(7)</u>
Rate per 1,000 total live and				
still births		15.3	(11.8)	
" " " England & Wales.		21.0	(21.6)	

(d) <u>Total Births</u> (live and still)			
Legitimate....	673	(674)	669 (647)
Illegitimate..	10	(17)	16 (14)
	<hr/>	<hr/>	<hr/>
Total...	683	(691)	685 (661)

	<u>Deaths</u>	
	M	F
(a) <u>All Ages</u>	95 (94)	90 (84)
Crude rate per 1,000 population	4.1	(4.3)
Adjusted rate ... " " "	10.8	(11.0)
England & Wales.. " " "	11.6	(11.7)
(b) <u>Infants under 1 year of age</u>		
(i) <u>Legitimate</u>	9 (12)	17 (14)
Legitimate infant mortality rate per 1,000 legitimate live births	19.7	(19.9)
" " England & Wales...	*	(22.0)
(ii) <u>Illegitimate</u>	- (-)	- (1)
Illegitimate infant mortality rate per 1,000 illegitimate live births	-	(32.3)
" " England & Wales...	*	(28.0)
(iii) <u>Total Infant Mortality rate</u> per 1,000 live births	19.3	(20.2)
" " England & Wales...	22.2	(22.6)
(c) <u>Neonatal Deaths (infants under 4 weeks of age)</u>		
(i) Legitimate	9 (10)	12 (7)
(ii) Illegitimate	- (-)	- (1)
Total	<u>9</u> <u>(10)</u>	<u>12</u> <u>(8)</u>
Neonatal mortality rate per 1,000 live births.....	15.6	(13.5)
" " England & Wales...	15.8	(16.2)

(d) Early Neonatal Deaths
(infants under 1 week
of age)

(i) Legitimate	8	(*)	12	(*)
(ii) Illegitimate	-	(*)	-	(*)
Total	<u>8</u>		<u>12</u>	

Early neonatal mortality		
rate per 1,000 live births.....	14.8	(*)
" " England & Wales	13.3	(13.5)

(e) <u>Perinatal mortality</u> (still		
births & deaths under 1		
week combined, per 1,000		
live and still births).....	30.0	(*)
" England & Wales	34.2	(35.0)

(f) Maternal Deaths (including
abortion)

Maternal mortality rate		
per 1,000 live and still		
births	-	(-)
" England & Wales	0.4	(0.5)

* Figures not available

<u>Causes of Death</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
All causes.....	95 (94)	90 (84)	185 (178)
1. Tuberculosis, respiratory..	- (-)	- (1)	- (1)
2. Tuberculosis, other.....	- (-)	- (-)	- (-)
3. Syphilitic disease.....	1 (1)	- (-)	1 (1)
4. Diphtheria.....	- (-)	- (-)	- (-)
5. Whooping cough.....	- (-)	- (-)	- (-)
6. Meningococcal infections..	1 (-)	- (1)	1 (1)
7. Acute poliomyelitis.....	- (-)	- (-)	- (-)
8. Measles.....	- (-)	- (-)	- (-)
9. Other infective and parasitic diseases.....	- (-)	- (1)	- (1)
10. Malignant neoplasm, stomach.....	4 (1)	3 (2)	7 (3)
11. Malignant neoplasm, lung, bronchus.....	10 (9)	2 (3)	12 (12)
12. Malignant neoplasm, breast.....	- (-)	3 (3)	3 (3)
13. Malignant neoplasm, uterus.....	- (-)	- (-)	- (-)
14. Other malignant and lymphatic neoplasms.....	6 (7)	6 (11)	12 (18)
15. Leukaemia, aleukaemia.....	- (1)	- (1)	- (2)
16. Diabetes.....	- (-)	2 (-)	2 (-)
17. Vascular lesions of nervous system.....	4 (9)	6 (5)	10 (14)
18. Coronary disease, angina..	14 (14)	14 (13)	28 (27)
19. Hypertension with heart disease.....	1 (1)	2 (2)	3 (3)
20. Other heart disease.....	10 (6)	12 (9)	22 (15)
21. Other circulatory disease.	4 (1)	3 (4)	7 (5)
22. Influenza.....	4 (1)	- (-)	4 (1)
23. Pneumonia.....	5 (10)	7 (4)	12 (14)
24. Bronchitis.....	6 (3)	1 (3)	7 (6)
25. Other diseases of respiratory system.....	- (-)	- (1)	- (1)
26. Ulcer of stomach and duodenum.....	- (-)	1 (-)	1 (-)

27. Gastritis, enteritis and diarrhoea.....	-	(-)	-	(-)	-	(-)
28. Nephritis and nephrosis..	-	(1)	1	(1)	1	(2)
29. Hyperplasia of prostate..	-	(1)	-	(-)	-	(1)
30. Pregnancy, childbirth and abortion.....	-	(-)	-	(-)	-	(-)
31. Congenital malformations.	2	(4)	3	(5)	5	(9)
32. Other defined and ill- defined diseases.....	14	(12)	20	(12)	34	(24)
33. Motor vehicle accidents..	5	(5)	-	(-)	5	(5)
34. All other accidents.....	3	(5)	4	(1)	7	(6)
35. Suicides.....	1	(2)	-	(1)	1	(3)
36. Homicide and operations of war.....	-	(-)	-	(-)	-	(-)

Communicable Diseases (except Tuberculosis)

	Notifications according to age groups												Incidence rate per 100,000 population		
	0-	1-	2-	3-	4-	5-	10-	15-	25-	45-	65-	Age unknown	Total	Harlow	England & Wales
Scarlet fever	-	1	11	14	16	72	9	-	-	-	-	-	123	271.8	105.5
Whooping cough	14	9	11	10	6	30	5	-	1	-	-	-	86	190.0	73.2
Poliomyelitis - paralytic	-	-	-	1	-	-	-	-	-	-	-	-	1	2.2	1.6
non - paralytic	-	-	-	-	-	-	-	-	1	-	-	-	1	2.2	0.6
Measles	73	226	290	297	280	800	30	2	3	1	-	-	2002	4424.3	118.8
Dysentery	-	3	8	4	6	11	3	3	21	2	-	-	61	138.8	78.4
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	0.	0.2
Meningococcal infection	-	-	-	1	-	-	-	-	-	-	-	-	1	2.2	1.6
Acute pneumonia	-	-	-	-	-	-	-	-	1	1	-	-	2	4.4	59.0
Paratyphoid	-	-	-	-	-	-	-	-	-	-	-	-	-	0.	0.8
Erysipelas	-	-	-	-	-	-	-	1	1	-	-	-	2	4.4	0.1
Food poisoning	-	-	2	1	3	3	1	-	7	2	-	-	19	42.0	22.0
Infective hepatitis	-	-	-	-	-	-	-	-	4	-	-	-	4	8.8	*
Puerperal pyrexia	-	-	-	-	-	-	-	-	2	-	-	-	2	4.4	*
Acute encephalitis - infective	-	-	-	1	-	-	-	-	-	-	-	-	1	2.2	0.3
post - infectious	-	-	-	-	-	-	-	1	-	-	-	-	1	2.2	0.3

* Figures not available

Communicable Diseases - Tuberculosis

	<u>Pulmonary</u>		<u>Non-Pulmonary</u>		<u>Total</u>
	M.	F.	M.	F.	
Number of cases on the register at 1.1.59	149 (111)	156 (118)	12 (10)	14 (14)	331 (253)
Number of cases added to the register during 1959:-					
New cases.....	6 (13)	3 (13)	-	4 (-)	13 (28)
Inward transfers.....	30 (33)	23 (38)	1 (1)	- (1)	54 (73)
Number of cases removed from the register during 1959:-					
Deaths.....	-	(1)	-	(-)	- (2)
Outward transfers.....	5 (6)	6 (11)	-	(-)	11 (18)
Patients cured.....	-	(-)	1 (1)	(-)	3 (1)
Diagnosis amended.....	-	(1)	-	(-)	- (2)
Number of cases remaining on the register at 31.12.59.....	180 (149)	176 (156)	12 (12)	16 (14)	384 (331)
Incidence rate of new cases (all forms)	per 1,000 population				0.3 (0.7)
" " "	England and Wales				0.6 (0.7)

County Council Health Services

Ante-Natal Clinics

(a) Ante-natal attendances	8456	(7274)
(b) Post-natal attendances	175	(119)

Child Welfare Clinics

Attendances - under 1 year	16184	(14714)
1 - 5 years	5470	(4416)

Midwifery & Home Nursing

Number of cases attended by midwives.

(a) as midwives	659	(578)
(b) as maternity nurses	29	(96)

Number of visits paid by home nurses. 9816 (10586)

Health Visiting

Number of visits made 17927 (13598)

Immunizations (other than B.C.G.)

Smallpox	1007	(783)
Revaccinations	128	(112)
Diphtheria	1310	(1198)
Booster doses	794	(452)
Whooping cough	855	(791)
Booster doses	6	(18)
Poliomyelitis	8428	(7343)
Third injections	8816	(266)

B.C.G. Vaccination

Number to whom offered.....	739	(539)
Number given tuberculin test after parents' consent obtained....	423	(304)
Percentage.....	57.2	(56.4)
Number who gave a positive reaction to tuberculin test.....	35	(30)
Number vaccinated with B.C.G.....	342	(259)

Sickness Benefit Claims

Table showing the monthly number of
new claims submitted to the Harlow
Office of the Ministry of Pensions
and National Insurance

<u>Month</u>	<u>Claims</u>	
January	665	(703)
February	1331	(606)
March	1203	(458)
April	527	(459)
May	438	(360)
June	694	(341)
July	411	(399)
August	352	(283)
September	523	(442)
October	575	(505)
November	729	(548)
December	715	(568)

Sanitary Circumstances and Inspections

<u>Water</u>	<u>Gallons</u>
Water supplied unmeasured (domestic).....	466,334,000
" " by meter (trade).....	272,234,000
Total consumption for year.....	738,568,000
Average consumption per day (domestic)....	1,277,600
" " " " (trade).....	745,900
Average daily consumption (all purposes)..	2,023,500
Consumption per head per day (domestic)...	26.64
" " " " (trade).....	15.56
" " " "(all purposes).. ..	42.20

(The above figures have been supplied by the Herts & Essex
Water Company)

Sewerage

Number of cesspools emptied during the year	31*
Number of pail closets emptied weekly.....	62
Number of connexions to sewer from pail closets.	Nil
Number of connexions to sewer from cesspools....	2

* This necessitated 122 emptying operations.

(The above figures have been supplied by the Engineer &
Surveyor)

Housing

General

Number of houses as at 31.12.59.....	14073
" " " owned by Local Authority.....	1012
" " " " " Harlow Development Corporation.....	11890
" " " privately owned.....	1171
" " " erected by Local Authority.....	9
" " " " " Harlow Development Corporation.....	801
" " " " " private enterprise.....	65
" " housing inspections carried out.....	236
" " intimation notices served.....	9
" " complaints of housing defects.....	36
" " housing defects remedied.....	27
" " legal proceedings.....	Nil

Housing Act, 1957

Houses demolished.....	8
Undertakings not to let.....	Nil
Closing Orders.....	2
Houses in confirmed Clearance Areas awaiting demolition.....	Nil
Houses in Clearance Areas not yet confirmed.....	Nil
Demolition Orders made under Section 17.....	Nil

Housing (Financial Provisions) Act, 1958 - Improvement Grants

Number of applications considered by Local Authority	9
Number of applications approved.....	7
" " " refused.....	2
" " dwellings where work has been completed.....	7

Rent Act, 1957

Number of applications for Certificates of Disrepair.....	Nil
Number of certificates issued.....	Nil

Food

Type and number of shops and other food premises in the district

Grocers	39
Bakers	11
Butchers	23
Fishmongers (including five fish fryers).....	11
Greengrocers	20
Sweets and confectionery	23
General food stores	23
Cafes	10
Restaurants	5
Public houses	23
Off-Licences	7
Halls and community centres	18
Factory canteens	21
School canteens	28
Building site canteens.....	7
Food storage depots	1
Food factories	3
Bakehouses	4
Market stalls	12
<hr/>	
Total	<u>289</u>

Premises registered under Section 16 of the Food and Drugs Act, 1955, and number of inspections carried out

	<u>Number of premises registered</u>	<u>Number of inspections</u>
Storage and sale of ice- cream	56	276
Preparation or manufacture of sausages or potted, pressed, pickled or preserved food.....	26	282

Sampling of ice-cream and ice-lolly

<u>Type of samples</u>	<u>Result</u>
Ice-cream 44	Ministry of Health's Provisional Grades:-
	I = 33
	II = 9
	III = 2
Ice-lolly 12	Satisfactory 11 Unsatisfactory 1

Milk Supply

Number of dairies registered	6
Number of inspections carried out	6
Licences issued under the Milk (Special Designation) Regulations 1949-1954:-	

	<u>Supplementary</u>	<u>Dealer</u>	<u>Total</u>
Pasteurized.....	4	19	23
Sterilized.....	4	21	25
Tuberculin tested.	4	8	12

Number of premises from which milk was sold	25
Number of samples of milk taken during the year.....	30

(Pasteurized 17, sterilized 3, tuberculin tested -
pasteurized 10)

Foodstuffs condemned as unfit for human consumption

	<u>Lbs.</u>	<u>ozs.</u>
Canned meat.....	782	4
" fish.....	—	15
" milk.....	9	2½
" fruit.....	71	6½
" vegetables.....	68	6½
" jam.....	2	—
" soup.....	4	10½
Bacon.....	17	—
Fish.....	224	—
Meat.....	534	8
Fruit.....	59	2
Poultry.....	19	3
Pearl barley.....	27	—
Sweets.....	14	—
Potatoes.....	560	—
Flour.....	20	—
Margarine & Lard.....	10	—
Sugar.....	3	—
Total	<u>2426</u>	<u>10</u>

Legal Proceedings

<u>Offence</u>	<u>Result</u>
Failing to provide a sink. Contrary to Regulation 19 of the Food Hygiene Regulations, 1955.....	Fine of £10 with £2. 2. 0. costs.
Selling sour sausages. Contrary to Section 2 of the Food & Drugs Act, 1955.....	Fine of £30 with £3. 3. 0. costs.
Selling a sausage containing a mouse dropping. Contrary to Section 2 of the Food & Drugs Act, 1955	Fine of £20 with £3. 3. 0. costs.

Rodent Control (Prevention of Damage by Pests Act, 1949)

Number of properties dealt with 456
Number of inspections made..... 1033
Number of properties inspected and
no evidence of infestation found..... 13
Number of infestations:-

Rats - major Nil
 minor 126

Mice - major Nil
 minor 69

Number of complaints received 213
Number of contracts entered into 66
Number of infestations treated
by the Council 200

Factories

Factories Acts, 1937 & 1948

(a) Inspections

	<u>No. on</u> <u>Register</u>	<u>Inspec-</u> <u>tions</u>	<u>Written</u> <u>Notices</u>	<u>Occupiers</u> <u>prosecuted</u>
(i) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities....	12	-	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.....	112	177	3	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises).	29	30	1	-
	153	207	4	-

(b) Cases in which defects were found

<u>Particulars</u>	<u>Found</u>	<u>Remedied</u>	<u>Referred</u> <u>to</u> <u>by</u> <u>H.M. Inspector</u>		<u>Number of</u> <u>prosecu-</u> <u>tions</u>
Sanitary conveniences (Section 7):-					
(a) Insufficient	2	2	-	-	-
(b) Unsuitable or defec- tive	1	1	1	1	-
Other offences against the Act (not includ- ing offences re- lating to outwork)	1	-	1	1	-
	4	3	2	2	-

(c) Outwork

One hundred and forty-one outworkers were on the register at 31st December, 1959 and were engaged mainly on work in connexion with wearing apparel.

(d) Means of escape from fire

Certificates issued	3
Certificates amended	5
Visits made for the purpose.....	60

Summary of other work carried out by the Public Health
Inspectors

Number of complaints investigated and action taken ..	202
Total number of intimation notices served.....	89
Number of inspections of food shops.....	858
Number of inspections of food premises, including market stalls, itinerants' vans and bakehouses.....	1567
Number of inspections of shops other than food shops.....	89
Number of inspections of establishments for massage and special treatment.....	1
Number of inspections of premises in connexion with duties under the Petroleum (Consolidation) Act, 1928..	135
Number of inspections of hairdressers' establish- ments.....	36
Number of inspections of swimming pools.....	14
Number of inspections of schools - general.....	7
Number of inspections in connexion with refuse collection.....	59
Number of inspections of drainage.....	179
Visits in connexion with infectious diseases.....	716
" " " " movable dwellings.....	118
" " " " complaints and nuisances (other than housing matters).....	305
Visits in connexion with insect infestations.....	98

